(2) (i) A carrier that retroactively denies reimbursement to a health care provider under paragraph (1) of this subsection shall provide the health care provider with a written statement specifying the basis for the retroactive denial.

(ii) If the retroactive denial of reimbursement results from coordination of benefits, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.

~~(c)~~ (D) Except as provided in subsection ~~(d)~~ (E) of this section, a carrier that does not comply with the provisions of subsection ~~(b)~~ (C) of this section may not retroactively deny reimbursement or attempt in any manner to retroactively collect reimbursement already paid to a health care provider [by reducing reimbursements currently owed to the health care provider, withholding future reimbursement, or in any other manner affecting the future reimbursement to the health care provider].

~~(d)~~ (E) (1) The provisions of subsection ~~(b)(1)~~ (C)(1) of this section do not apply if A CARRIER RETROACTIVELY DENIES REIMBURSEMENT TO A HEALTH CARE PROVIDER BECAUSE:

(i) ~~a carrier retroactively denies reimbursement to a health care provider because~~ the information submitted to the carrier was fraudulent ~~or improperly coded; and~~;

(ii) ~~in the case of improper coding,~~ THE INFORMATION SUBMITTED TO THE CARRIER WAS IMPROPERLY CODED AND the carrier has provided to the health care provider sufficient information regarding the coding guidelines used by the carrier at least 30 days prior to the date the services subject to the retroactive denial were rendered; OR

(III) THE CLAIM SUBMITTED TO THE CARRIER WAS A DUPLICATE CLAIM.

(2) Information submitted to the carrier may be considered to be improperly coded under paragraph (1) of this subsection if the information submitted to the carrier by the health care provider:

(i) uses codes that do not conform with the coding guidelines used by the carrier applicable as of the date the service or services were rendered; or

(ii) does not otherwise conform with the contractual obligations of the health care provider to the carrier applicable as of the date the service or services were rendered.

~~(e)~~ (F) If a carrier retroactively denies reimbursement for services as a result of coordination of benefits under provisions of subsection ~~(b)(1)(i)~~ (C)(1)(I) of this section, the health care provider shall have 6 months from the date of denial, unless a carrier permits a longer time period, to submit a claim for reimbursement for the service to the carrier, Maryland Medical Assistance Program, or Medicare Program responsible for payment.